

AMERICAN INTELLIGENCE.

ORIGINAL COMMUNICATIONS.

Apparent Death from Chloroform; Recovery. By JOHN H. PACKARD, M. D., one of the Surgeons to the Episcopal Hospital, Philadelphia.

Joseph Cheatham, æt. 49, an Englishman by birth, was admitted into the Episcopal Hospital Oct. 27, 1864, in order to have a cystic tumour removed from his back. It was about as large as an orange, and seated over the lower ribs, a little to the right of the median line. Another tumour of the same kind, about as large as a walnut, existed in the left axilla.

He was totally blind, and had been so for about five years. His complexion was sallow, his hair and beard gray, his features thin, and his figure slight. His general appearance, therefore, was not robust, although not unhealthy. There was no *arcus senilis*, and no sign of thoracic disease.

On the 30th, he was put under the influence of chloroform, for the purpose of having the tumour removed. The chloroform was of Powers and Weightman's manufacture, and had been three weeks on hand in the hospital; it was administered very carefully by Dr. Cheston, one of the resident surgeons; but the method employed, by means of a rather thick sponge, with a towel folded into a cone placed over it, was not the one I generally use except for sulphuric ether. For chloroform I prefer either the simple cone made out of a towel, or Simpson's plan of dropping the liquid upon a single thickness of fine linen or muslin laid over the nose and mouth. As the chloroform was poured freely upon the sponge out of a very large bottle, half full, no estimate can be made of the exact amount given in this case.

No one was in the operating-room except the two resident surgeons, Drs. Cheston and Woods, the attendant nurse, the patient, and myself. Anæsthesia was induced without any unusual phenomena, and I had begun the operation, when Dr. Cheston informed me that the pulse was flagging. The man was now lying on his left side, well over, with his right arm drawn across his chest. His pulse sank, and ceased. His respiration continued a little longer, and then ceased also. His surface became pale and livid, his eyes were glazed and turned upward, and his whole aspect was that of a man just dead.

Upon the first appearance of these alarming symptoms, I abandoned the operation (the cyst had first burst open), and began to make active efforts to keep up respiration by intermitting pressure on the chest-walls and abdomen. Dr. Cheston poured some brandy with carbonate of ammonia down the man's throat, and drew his tongue out with a pair of forceps. None of these means seemed, however, to take any effect, and by my direction, Dr. Woods now hastened to procure an electro-magnetic battery from one of the wards; this was immediately put in operation, one pole being placed over the upper dorsal spinous processes, and the other about over the apex of the heart.

A very short time elapsed before Dr. Cheston announced the faint return

of the pulse at the wrist, and then its increase in strength and volume. Soon a long deep sigh was drawn, and respiration became again established. The livid paleness of the face gave way to its ordinary complexion, and the eyes lost their glassy, upturned stare. The battery was kept gently in action until the restoration was placed beyond a doubt, and then discontinued.

Tincture of iodine was freely painted over the inner surface of the serous cyst, and a simple dressing applied. The case subsequently progressed well.

As might be supposed, the intense excitement of such a scene to all those present, precluded our noting its exact duration; but my impression is, that for at least eight or ten minutes, this patient was without pulse or breathing, and exhibited all the phenomena of recent death.

I have given chloroform, and seen it given, in hundreds of cases, but never before was witness to any accident from its use. I had taken the precaution of examining the chest beforehand, and have since done the same, without finding any evidence of disease, nor do I think that the battery would have had any restorative effect had any organic lesion of the heart or lungs caused the alarming symptoms above described.

The quantity of the anaesthetic given cannot have been the source of the trouble, nor do I think the patient's position, rolled over on the left side, with the right arm bearing across the chest, could have caused it; for both these conditions have repeatedly been present without such consequences, while on the other hand they have not always been present in the reported cases of death from chloroform.

I am indebted for the following notes of another case, less fortunate in its issue, to Dr. CLINTON WAGNER, Assistant Surgeon U. S. A., in charge of the U. S. A. General Hospital, at Beverly, N. J., in one of the wards of which it occurred.

Private J. K., Co. D, 7th Reg. N. Y. Vols., was admitted into the U. S. General Hospital, at Beverly, N. J., on the 28th of September, suffering from gunshot wound, requiring amputation of the leg. Chloroform was administered in the ordinary way, and in sufficient quantity to produce anaesthesia during the operation. No unpleasant effects were produced by the drug at this time. Sloughing of the flap supervened, and the bones protruded to such an extent, that on the 15th of November a second amputation was decided upon; at this time, his general condition was favourable for an operation, and there was nothing in his appearance, nor any symptom present, to contra-indicate the administering of chloroform, except nervous agitation arising from dread of the operation.

The chloroform was from the U. S. Army Laboratory in Philadelphia, and had been on hand but a short time. It was administered upon a sponge, freely diluted with atmospheric air. About a drachm and a half was poured upon the sponge at one time, and in all, about half an ounce was given. The room was well ventilated. The patient had been under its influence about fifteen minutes, when he began to sink, and in about five minutes death took place. Six medical officers were present, one of whom administered the chloroform. The ordinary means of restoration were resorted to, such as cold water dashed into the face, inhalation of ammonia, Hall's ready method for producing artificial respiration, &c. An autopsy revealed no visceral lesions sufficient to account for death. The heart and the lungs were perfectly healthy. The brain was not examined.

Remarks.—This case presents several points of interest. The drug was administered by a medical officer, five others being present; and it is unnecessary to say that due care was observed to guard against accident. Only

a few weeks before, the anæsthetic had been given to the same individual in a much larger quantity, a fact which, in connection with the absence of visceral lesions, proves that there was nothing to contra-indicate the employment of the agent. Death was not sudden, but came on gradually, showing, perhaps, that the nerve centres were paralyzed by the poison, and that the heart was not primarily affected.

Case of Trephining—with good result. Operation by Assistant Surgeon THEODORE ARTAUD, U. S. Vols., in charge of Soldier's Rest, Alexandria, Va. Reported by S. D. TWINING, A. A. S., U. S. A.

Private Philip A. Weist, Co. A, 50th Regiment Penna. Vols., born in Schuylkill Co., Penna., a carpenter by trade, was wounded July 30, 1864, at the battle of Petersburg, by a spent minie ball imbedding itself in the integument and muscle of the left side of the head (from which it was soon removed by the hand), causing a fracture, and depressing a portion of the skull a little above and to the left of the occipital protuberance.

The patient says he was stunned by the blow at the time, but arose and walked to the Field Hospital, when he became unconscious, and remained so for eighteen hours; the next day he left for his regiment, not knowing his injury was so great; he was then returned to hospital, where he remained for one week; during this time the headache was severe, and the patient was unable to see or hear well.

August 11, 1864, he was admitted to the Soldier's Rest Hospital, Alexandria, Va.; he was unable to walk to his bed; he seemed to improve for two days, then he grew worse, suffered pain through the frontal region of the head, especially over left orbital ridge; and on the 16th was unconscious for about two hours. It was then, after consideration, deemed advisable to remove the depressed portion of bone. The patient was brought on the table, ether was given, and after shaving off the hair, a conical incision was made directly over the injury, size one and a half inch, and the occipito frontalis muscle was dissected up; the skull was found indented one-half an inch, making a very regular and cupped-shaped depression three-quarters of an inch in diameter, and showing a slight crack around its edge, and an irregular one across its centre; the trephine was then applied, partially covering one side of the depression, and a portion of the skull removed; depressed portions were removed by the elevator, exposing the dura mater, which was found to be healthy; a circular tent was applied over the exposed portion of the brain, and the wound dressed with cold water dressings. Morphia was given to quiet the patient.

August 17. Treatment continued; porter given; patient sitting up.

20th. Same dressing; ext. hyosciami, gr. i at night; walking about.

26th. The patient was seized with violent signs of temporary congestion or compression; this was relieved by sinapisms to the neck, abdomen, and extremities, ol. tiglii gtt. ss, and afterward the wound, which had nearly healed, was enlarged and kept open with tents for three days, with but slight inconvenience to the patient.

Sept. 1. Slight headache in the morning; condition good and improving; rests well; good appetite.

10th. Seems to be growing stronger; rests well at night; appetite good.

22d. The wound has now entirely closed; the patient complains occasionally of a slight headache, due probably to malarial influences; his appetite and general condition are good, and he is to all appearance cured.